

VOCA CLIENT DATA WORKSHEET

INSTRUCTIONS: Enter all information that is appropriate for each client--primary victims and significant others. Some information will only need to be filled out once. The form can be used for each contact or it can be used to record services by quarter. This worksheet is for the agency's internal use and should only be utilized to assist programs in compiling data necessary for the quarterly statistical performance report. The worksheets are not to be submitted to MOVA.

PLEASE NOTE: The quarterly statistical performance report has all of the definitions for types of services provided, referrals made to and received from, and types of crime. Please refer to these definitions if you need guidance on what to check off.

Client Name/ID#: _____ **Date:** ____/____/____

Age of Client: _____ **Type of Client:** _____ Primary Victim
_____ Significant Other

Gender: _____ Female _____ Transgender, FTM _____ Transgender, unknown
_____ Male _____ Transgender, MTF _____ Unknown

Disability: _____ Yes _____ No _____ Unknown

Current Quarter: _____ **Client Status This Quarter:** _____

_____ July - Sept. (1) _____ New Face to Face _____ Ongoing Face to Face
_____ Oct. - Dec. (2) _____ New Hotline/Telephone _____ Ongoing Hotline/Telephone
_____ Jan. - Mar. (3)
_____ April - June (4)

Client Received Following Services:

_____ Counseling
_____ Follow-up
_____ Hotline/Telephone Counseling
_____ Therapy
_____ Group Treatment/Support
_____ Shelter/Safe House
_____ Assistance with Victim Compensation
_____ Criminal Justice Support/Advocacy
_____ Emergency Legal Advocacy

_____ Medical Advocacy
_____ Personal Advocacy
_____ Emergency Financial Assistance
_____ Information & Referral (in-person)
_____ Information & Referral (telephone/e-mail)

_____ Other (specify):

Referrals Made to and Received on Behalf of Client:

TO	FROM
<u>XXX</u> Self/Family/Friend	_____
_____ Non-VOCA Staff within agency	_____
_____ Police	_____
_____ Victim Witness Assistance Prog.	_____
_____ Court Personnel	_____
_____ Legal Services	_____
_____ Victim Compensation	_____
_____ VWAB/MOVA	_____
_____ Shelter/Safe Home	_____
_____ Social Services	_____
_____ Mental Health Agency/Facility	_____
_____ Other Victim Services	_____
_____ Medical Services	_____
_____ Substance Abuse Programs	_____
_____ Schools	_____
_____ Community Organizations	_____
_____ Religious/Spiritual Organizations	_____
_____ Program Outreach/Media	_____
<u>XXX</u> Brochure	_____
_____ Not Known	_____
_____ Other (specify):	_____

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Type of Crime:

Count each crime committed that is relevant to services provided. For all new clients and newly disclosed crimes for ongoing clients.

- ☐ Homicide (not vehicular)
- ☐ Motor Vehicular Homicide
- ☐ Assault
- ☐ Robbery
- ☐ Domestic Violence
- ☐ Adult Sexual Assault/Abuse
- ☐ Adult Survivor of Incest or Child Sexual Assault
- ☐ Adult Survivor of Child Physical Abuse
- ☐ Child Sexual Assault/Abuse
- ☐ Child Physical Abuse
- ☐ Abuse of Disabled Person
- ☐ Elder Abuse (Ages 60 +)

- ☐ Violation of a Protective Order (209A)
- ☐ Crime related to DUI/DWI
- ☐ Hate Motivated Crimes
- ☐ Political Trauma
- ☐ Other (specify):

Race/Ethnicity:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Multiracial
- ☐ Unknown
- ☐ Other (specify):

Notes: